

# APPLICATION FOR EMPLOYMENT CAR WASH

## PERSONAL INFORMATION

NAME (LAST, FIRST)			
SS #			
ADDRESS CITY, STATE, ZIP CODE			
PHONE #			
REFERRED BY			
HAVE YOU BEEN CONVICTED OF A CRIME OR FELONY?	YES	NO	
ENGLISH (circle)    I CAN SPEAK (GOOD) (OK) (NO)	I CAN UNDERSTAND (GOOD) (OK) (NO)		
SPANISH (circle)    I CAN SPEAK (GOOD) (OK) (NO)	I CAN UNDERSTAND (GOOD) (OK) (NO)		

## EMPLOYMENT DESIRED

POSITION	
DATE YOU CAN START	
SALARY DESIRED	
# OF HOURS PER WEEK DESIRED	
ARE YOU EMPLOYED?	
HAVE YOU WORKED HERE BEFORE	
DO YOU HAVE ANY CONDITIONS THAT WOULD PREVENT YOU FROM PERFORMING YOUR JOB?	

If YES, what is it?

LOCATION PREFERRED:	NELLIS / WASHINGTON 895 N. Nellis Blvd, LV, NV 89110	CRAIG / DECATUR 4706 W. Craig Road, N. LV, NV 89032
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HOURS AVAILABLE

MON	TUES	WED	THUR	FRI	SAT	SUN

## EDUCATION HISTORY

	NAME AND ADDRESS	MONTH & YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			

## GENERAL INFORMATION

HOBBIES	
WHY DO YOU WANT TO WORK HERE?	

**OVER ----->>>**

**EMPLOYMENT HISTORY**

DATE (MONTH & YEAR)		NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
DATE (MONTH & YEAR)		NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
DATE (MONTH & YEAR)		NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					

**REFERENCES (Former Bosses are the best)**

NAME	ADDRESS & PHONE #	POSITION	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws"

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_